

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee To Elect Gary L. Ackerman, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2012

Mailing Address 100 Jericho Quadrangle  
# 233

City Jericho State NY Zip Code 11753

Purpose of Disbursement  
Void - Returned Check from Ackerman For Congress

011

**Transaction ID : 19860319**

Amount of Each Disbursement this Period

-1000.00
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Candidate Name

**Rep. Gary L. Ackerman**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NY District: 05

Void - Returned Check from Ackerman For Congress

Full Name (Last, First, Middle Initial)

**B. Mcconnell Senate Committee '14**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		02		2012

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
Void - Mcconnell Senate Committee '14

011

**Transaction ID : 19897663**

Amount of Each Disbursement this Period

-2500.00
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Candidate Name

**Sen. Mitch McConnell**Category/  
Type

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: KY District:

Void - Mcconnell Senate Committee '14

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-3500.00

-3500.00